



Bib Data Sheet


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|--|---|--------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/575,116   | <b>FILING DATE</b><br>05/23/2000<br><b>RULE</b> -   | <b>CLASS</b><br>707<br>35Y           | <b>GROUP ART UNIT</b><br>2776<br>2622   | <b>ATTORNEY DOCKET NO.</b><br>NPA017US |                                |
| <b>APPLICANTS</b><br>Kia Silverbrook, Balmain, AUSTRALIA;<br>Paul Lapstun, Rodd Point, AUSTRALIA;<br>Jacqueline Anne Lapstun, Rodd Point, AUSTRALIA;<br><br><b>** CONTINUING DATA *****</b> <i>TLND</i><br><br><b>** FOREIGN APPLICATIONS *****</b> <i>TLND</i><br>AUSTRALIA PQ0559 05/25/1999<br>AUSTRALIA PQ1313 06/30/1999<br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br><b>** 07/27/2000</b> |   |                                      |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>SL</i><br>Examiner's Signature _____ Initials _____   |   | <b>STATE OR COUNTRY</b><br>AUSTRALIA | <b>SHEETS DRAWING</b><br>56   | <b>TOTAL CLAIMS</b><br>40              | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br><div style="text-align: center;">AIR MAIL</div> 24011  |   |                                      |   |  |                                |
| <b>TITLE</b><br>Method and system for delivery of a greeting card  |   |                                      |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>525  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |